

Attachment 1

TruGreen ETA-750 Forms

Source: TruGreen Document Production

U.S. DEPARTMENT OF LABOR
Employment and Training Administration

OMB Approval No. 44-R1301

**"CORRECTIONS APPROVED BY
THE CERTIFYING OFFICER"**

ALIEN EMPLOYMENT CERTIFICATION

IMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM

PRINT legibly in ink or use a typewriter. If you need more space to answer questions in this form, use a separate sheet. Identify each answer with the number of the corresponding question. SIGN AND DATE each sheet in original signature.

To knowingly furnish any false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by \$10,000 fine or 5 years in the penitentiary, or both (18 U.S.C. 1001)

1-11-06

PART A. OFFER OF EMPLOYMENT													
1. Name of Alien (Family name in capital letter. First, Middle, Maiden)													
(3) <u>Un</u> named H-2B Workers/Aliens													
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country)								3. Type of Visa (If in US)					
N/A								N/A					
The following information is submitted as an offer of employment.													
4. Name of Employer (Full name of Organization)								5. Telephone					
IruGreen Chemlawn (36-3734669)								860-721-7872					
6. Address (Number, Street, City and Town, State ZIP code)													
89 Old Forge Rd. Rocky Hill, CT 06067													
7. Address Where Alien Will Work (if different from item 6)													
Hartford County													
8. Nature of Employer's Business Activity			9. Name of Job Title			10. Total Hours Per Week		11. Work Schedule		12. Rate of Pay			
Lawn Care			Lawn care applicator			a. Basic 40		b. Overtime 0		a. Basic 7:00 a.m. 3:30 p.m. \$ 11.35 per hour		b. Overtime \$ 17.03 per hour	
13. Describe Fully the job to be Performed (Duties)										14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.		15. Other Special Requirements	
Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, seeders, aerators. Entry level position.										none		none	
EDUCATION (Enter number of years)		Grade School	High School	College	College Degree Required (specify)		Major Field of Study						
0		0	0	N/A		N/A							
TRAINING		No. Yrs.	No. Mos.	Type of Training									
0		0	0	N/A									
EXPERIENCE		Job Offered		Related Occupation		Related Occupation (specify)							
0		0		0		N/A							
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor										17. Number of Employees Alien Will Supervise			
Foreman										0			
1. Qualified workers cannot be found in the United States										ENDORSEMENTS (Make no entry in this section for automatic endorsement)			
2. Division of Foreign Labor Certification Policies have been observed										Date Forms Received			
3. This certification is valid from 06/01/2006 through 12/01/2006										NOV 02 2005			
01/16/2006 (Date)										R.O.			
[Signature] (Certifying Officer)										N.O.			
										Ind. Code			
										Occ. Code			
										Occ. Title			
										Landscape Laborer			

Replaces MA 7-50A, B and C (Apr. 1970 edition) which is obsolete

ETA 750 (Oct. 1979)

TRU04278

U.S. DEPARTMENT OF LABOR
Employment and Training Administration

APPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATION

OMB Approval No. 44-R1301

IMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM
PRINT legibly in ink or use a typewriter. If you need more space to answer questions in this form, use a separate sheet. Identify each answer with the number of the corresponding question. SIGN AND DATE each sheet in original signature.

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PART A. OFFER OF EMPLOYMENT																			
1. Name of Alien (Family name in capital letter, First, Middle, Maiden) (10) Unnamed H-2B Workers/Aliens																			
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country) N/A								3. Type of Visa (If in U.S.) N/A											
The following information is submitted as an offer of employment.																			
4. Name of Employer (Full name of Organization) IruGreen Chemlawn (36-3734669)								5. Telephone 302-992-9680											
6. Address (Number, Street, City and Town, State ZIP code) 1350 1st State Blvd. Newport, DE 19804																			
7. Address Where Alien Will Work (if different from item 6) New Castle County																			
8. Nature of Employer's Business Activity Lawn maintenance		9. Name of Job Title Lawn care applicator		10. Total Hours Per Week a. Basic 40 b. Overtime 0		11. Work Schedule (Hourly) 7:00 a.m. 4:00 p.m.		12. Rate of Pay a. Basic \$ 11.00 per hour b. Overtime \$ 16.50 per hour											
13. Describe fully the job to be performed (Duties) Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, seeders, spreaders, aerators. Entry level position.																			
14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.					15. Other Special Requirements None														
EDUCATION (Enter number of years)		Grade School 0		High School 0		College 0		College Degree Required (specify) N/A Major Field of Study N/A											
TRAINING		No. Yrs. 0		No. Mos. 0		Type of Training N/A													
EXPERIENCE		Job Offered Yrs. 0 Mos. 0		Related Occupation Yrs. 0 Mos. 0		Related Occupation (specify) N/A													
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor Field Manager								17. Number of Employees Alien Will Supervise 0											
<p>1. Qualified workers cannot be found in the United States</p> <p>2. Division of Foreign Labor Certification Policies have been observed</p> <p>3. This certification is valid from 03/01/2006 through 11/30/2006</p> <p>03/01/2006 (Date)</p> <p><i>[Signature]</i> (Certifying Officer)</p>																			
<p>ENDORSEMENTS (Make no entry in section - for Government use only)</p> <table border="1"> <thead> <tr> <th colspan="2">Date Forms Received</th> </tr> </thead> <tbody> <tr> <td>L.O. 10/31/05</td> <td>S.O. 10/31/05</td> </tr> <tr> <td>R.O.</td> <td>N.O.</td> </tr> <tr> <td>Ind. Code 0782</td> <td>Occ. Code 48.684-010</td> </tr> <tr> <td colspan="2">Occ. Title Lawn Service Worker</td> </tr> </tbody> </table>										Date Forms Received		L.O. 10/31/05	S.O. 10/31/05	R.O.	N.O.	Ind. Code 0782	Occ. Code 48.684-010	Occ. Title Lawn Service Worker	
Date Forms Received																			
L.O. 10/31/05	S.O. 10/31/05																		
R.O.	N.O.																		
Ind. Code 0782	Occ. Code 48.684-010																		
Occ. Title Lawn Service Worker																			

Replaces MA 7-50A, B and C (Apr. 1970 edition) which is obsolete.

ETA 750 (Oct. 1979)

TRU04626

A1-3

U.S. DEPARTMENT OF LABOR
Employment and Training Administration

OMB Approval No. 44-R1301

APPLICATION
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ALIEN EMPLOYMENT CERTIFICATIONIMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM
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PART A. OFFER OF EMPLOYMENT

1. Name of Alien (Family name in capital letter, First, Middle, Maiden) (9) Unnamed H-2B Workers/Aliens		3. Type of Visa (If in U.S.) N/A
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country) N/A		

The following information is submitted as an offer of employment.

4. Name of Employer (Full name of Organization) TruGreen Chemlawn (36-3734669)	5. Telephone 302-992-9680
---	------------------------------

6. Address (Number, Street, City and Town, State ZIP code) 1350 1st State Blvd. Newport, DE 19804

7. Address Where Alien Will Work (If different from item 6) New Castle County
--

CORRECTION APPROVED BY
DOL REGIONAL OFFICE

MRH 12-28-04

8. Nature of Employer's Business Activity Lawn maintenance	9. Name of Job Title Lawn care applicator	10. Total Hours Per Week		11. Work Schedule (Hourly) 7:00 a.m. 5:00 p.m.	12. Rate of Pay	
		a. Basic 40	b. Overtime 0		a. Basic \$ 10.00 per hour	b. Overtime \$ 15.00 per hour

13. Describe fully the job to be performed (Duties) Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, seeders, spreaders, aerators. Entry level position.

14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.				15. Other Special Requirements None	
EDUCATION (Enter number of years)	Grade School 0	High School 0	College 0	College Degree Required (specify) N/A	Major Field of Study N/A
TRAINING	No. Yrs. 0	No. Mos. 0	Type of Training N/A		
EXPERIENCE	Job Offered		Related Occupation (specify) N/A		
	Yrs. 0	Mos. 0	Yrs. 0	Mos. 0	

16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor Field Manager	17. Number of Employees Alien Will Supervise 0
--	---

1. QUALIFIED WORKERS CANNOT BE FOUND IN THE UNITED STATES

2. EMPLOYMENT SERVICE POLICIES HAVE BEEN OBSERVED

3. THIS CERTIFICATION IS VALID FROM 3/1/05 THROUGH 11/3/05

DEC 28 2004

(DATE)

CERTIFYING OFFICER

D.O.L. REGION 2

63413054

ENDORSEMENTS (Make no entry in section - for Government use only)

Date Forms Received	
S.O. 11/3/04	N.O. 11/3/04
Ind. Code 082	Occ. Code 408.684-010
Occ. Title Lawn Service	

Replaces MA 7-50A B and C (Apr. 1970 edition) which is obsolete

ETA 750 (Oct. 1979)

U.S. DEPARTMENT OF LABOR
Employment and Training Administration

APPLICATION
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ALIEN EMPLOYMENT CERTIFICATION

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JAN 20 2004 . <i>Stephen W. [Signature]</i>																																											
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D.O.L. REGION 2																																											
03401677																																											
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ETA 750 (Oct. 1979)

TRU04685

A1-5

U.S. DEPARTMENT OF LABOR
Employment and Training Administration

OMB Approval No. 44-R1301

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PART A. OFFER OF EMPLOYMENT

1. Name of Alien (Family name in capital letter. First Middle Maiden) (15) Unnamed H-2B Workers/Aliens																			
2. Present Address of Alien (Number Street City and Town, State ZIP code or Province, Country) N/A							3. Type of Visa (If in U.S.) N/A												
The following information is submitted as an offer of employment.																			
4. Name of Employer (Full name of Organization) TruGreen ChemLawn (Westbrook) (36-3734669)							5. Telephone 207-856-7117												
6. Address (Number, Street, City and Town, State ZIP code) 2 Delta Drive Westbrook, ME 04092																			
7. Address Where Alien Will Work (if different from item 6) Cumberland County																			
8. Nature of Employer's Business Activity Lawn care		9. Name of Job Title Lawn care applicator		10. Total Hours Per Week a. Basic 40 b. Overtime 0		11. Work Schedule (Hourly) 7:00 a.m. 3:30 p.m.		12. Rate of Pay a. Basic \$ 7.96 per hour b. Overtime \$ 11.94 per hour											
13. Describe fully the job to be performed (Duties) Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, spreaders, aerators Entry level position.																			
14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.					15. Other Special Requirements none														
EDUCATION (Enter number of years)		Grade School 0		High School 0		College 0		College Degree Required (specify) N/A											
TRAINING		No. Yrs. 0		No. Mos. 0		Type of Training N/A													
EXPERIENCE		Job Offered		Related Occupation		Related Occupation (specify) N/A													
		Yrs. 0		Mos. 0															
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor Foreman					17. Number of Employees Alien Will Supervise 0														
<p>1. Qualified workers cannot be found in the United States</p> <p>2. Division of Foreign Labor Certification Policies have been observed</p> <p>3. This certification is valid from 01/16/2006 through 12/01/2006</p> <p>(Date) <u>01/16/2006</u> (Certifying Officer) <u>[Signature]</u></p>																			
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PART A. OFFER OF EMPLOYMENT

1 Name of Alien (Family name in capital letter First, Middle, Maiden)		3. Type of Visa (If in US)	
(25) Unnamed H-2B Workers/Aliens		N/A	
2 Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country)			
N/A			
The following information is submitted as an offer of employment.			
4 Name of Employer (Full name of Organization)		5 Telephone	
TruGreen Chemlawn (36-3734669)		301-840-8090	
6 Address (Number, Street, City and Town, State ZIP code)			
18910 Woodfield Rd. Gaithersburg, MD 20879			
7 Address Where Alien Will Work (if different from item 6)			
Montgomery, Washington and Baltimore Counties			
8 Nature of Employer's Business Activity	9. Name of Job Title	10. Total Hours Per Week	11. Work Schedule (Hourly)
lawn maintenance	lawn care applicator	a. Basic	b. Overtime
		40	0
		12. Rate of Pay	
		a. Basic	b. Overtime
		\$ 10.67 per hour	\$ 16.00 per hour

13. Describe Fully the job to be Performed (Duties)
Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, seeders, spreaders, aerators. Entry level position.

m-f
Corrections approved by the Certifying Officer

14 State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.					15. Other Special Requirements	
EDUCATION (Enter number of years)	Grade School	High School	College	College Degree Required (specify)	NONE	
0	0	0	N/A	Major Field of Study		
			N/A			
TRAINING	No. Yrs.	No. Mos.	Type of Training			
0	0	0	N/A			
EXPERIENCE	Job Offered		Related Occupation (specify)			
	Yrs.	Mos.	Yrs.	Mos.	N/A	
0	0	0	0			

16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor	17. Number of Employees Alien Will Supervise
Field Manager	0

1. Qualified workers cannot be found in the United States
2 Division of Foreign Labor Certification Policies have been observed

3. This certification is valid from 8/20/06 through 11/30/2006

11/7/06
(Date)

(Certifying Officer)

ENDORSEMENTS (Make no entry in section - for Government use only)

Date Forms Received	
L.O.	S.O.
11-1-05	11-1-05
R.O.	N.O.
Ind. Code	Occ. Code
0782	408-684-214
Occ. Title	
Spray Operator	

18. COMPLETE ITEMS ONLY IF JOB IS TEMPORARY				19. IF JOB IS UNIONIZED (Complete)			
a. No. of Openings To Be Filled By Aliens Under Job Offer		b. Exact Dates You Expect To Employ Alien		c. Name of Local		d. City and State	
25		From 3/1/2006 To 11/30/2006					
20. STATEMENT FOR LIVE-AT-WORK JOB OFFERS (Complete for Private Household ONLY)							
a. Description of Residence			b. No. Persons residing at Place of Employment			c. Will free board and private room not shared with anyone be provided? ("X" one)	
("X" one) <input type="checkbox"/> House <input type="checkbox"/> Apartment			Adults BOYS GIRLS			Children Ages	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
21. DESCRIBE EFFORTS TO RECRUIT U.S. WORKERS AND THE RESULTS. (Specify Sources of Recruitment by Name)							
- Newspaper/Classified Ads - Employee Referrals These efforts have all been unsuccessful in recruiting U.S. workers.							
22. Applications require various types of documentation. Please read Part II of the instructions to assure that appropriate supporting documentation is included with your application.							
23. EMPLOYER CERTIFICATIONS							
By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment.							
a. I have enough funds available to pay the wage or salary offered the alien. b. The wage offered equals or exceeds the prevailing wage and I guarantee that, if a labor certification is granted, the wage paid to the alien when the alien begins work will equal or exceed the prevailing wage which is applicable at the time the alien begins work. c. The wage offered is not based on commissions, bonuses, or other incentives, unless I guarantee a wage paid on a weekly, bi-weekly, or monthly basis. d. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.				e. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship. f. The job opportunity is not: (1) Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage. (2) At issue in a labor dispute involving a work stoppage. g. The job opportunity's terms, conditions and occupational environment are not contrary to Federal State or local law. h. The job opportunity has been and is clearly open to any qualified U.S. worker.			
24. DECLARATIONS							
DECLARATION OF EMPLOYER		Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct.					
SIGNATURE						DATE	
James A. Vacchiano						10/25/2005	
NAME (Type or Print)				TITLE			
James A. Vacchiano				Region People Services Manager			
AUTHORIZATION OF AGENT OF EMPLOYER		I HEREBY DESIGNATE the agent below to represent me for the purposes of labor certification and I TAKE FULL RESPONSIBILITY for accuracy of any representations made by my agent					
SIGNATURE OF EMPLOYER						DATE	
James A. Vacchiano						10/25/2005	
NAME OF AGENT (Type or Print)				ADDRESS OF AGENT (Number Street City, State ZIP code)			
Great Lakes Labor				PO Box 646 Pinckney, MI 48169			

TRUGREEN ChemLawn®

TruGreen ChemLawn
875 Kings Highway
Woodbury, NJ 08096
856-384-9264
FAX: 856-384-9726

March 10, 2004

U.S. Consulate General
Monterrey, N.L., Mexico

Re: Employer: TruGreen ChemLawn
(Gaithersburg)
INS Receipt#: EAC-04-080-53002

Dear Consulate General:

We ask that you please process the following workers as soon as possible:

(Gaithersburg 3/16/2004)

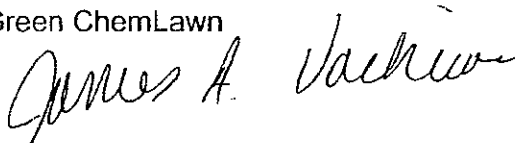
- 1.
- 2.
- 3.
- 4.

REDACTED

We thank you for your time.

Sincerely,

TruGreen ChemLawn



James A. Vacchiano
Region People Services Manager

TRU04125



Call 1-800-WF-SERVE

ServiceMaster • Remedy • Merry Maids
Tutorius • HomeLawn • Lawn Care • Home Care
Pest Control • Window Cleaning • Gutter Cleaning

U.S. DEPARTMENT OF LABOR
Employment and Training Administration

APPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATION

OMB Approval No. 44-R1301

IMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM

PRINT legibly in ink or use a typewriter. If you need more space to answer questions in this form, use a separate sheet. Identify each answer with the number of the corresponding question. SIGN AND DATE each sheet in original signature.

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PART A. OFFER OF EMPLOYMENT																					
1 Name of Alien (Family name in capital letter First Middle Maiden) (9) Unnamed H-2B Workers/Aliens																					
2 Present Address of Alien (Number Street City and Town State ZIP code or Province Country) N/A										3 Type of Visa (If in U.S.) N/A											
The following information is submitted as an offer of employment.																					
4 Name of Employer (Full name of Organization) IruGreen Chemlawn										5 Telephone 301-840-8090											
6 Address (Number Street City and Town State ZIP code) 18910 Woodfield Rd. Gaithersburg, MD 20879																					
7 Address Where Alien Will Work (If different from item 6) Montgomery County																					
8 Nature of Employer's Business Activity lawn maintenance		9 Name of Job Title lawn care applicator		10. Total Hours Per Week a. Basic 40 b. Overtime 0-5		11. Work Schedule (Hourly) 7:00 a.m. 3:00 p.m.		12. Rate of Pay a. Basic \$ 10 00 per hour b. Overtime \$ 15 00 per hour													
13 Describe Fully the job to be Performed (Duties) Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers seeders, spreaders, aerators Entry level position.																					
14 State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.										15 Other Special Requirements NONE											
EDUCATION (Enter number of years)		Grade School 0	High School 0	College 0	College Degree Required (specify) N/A Major Field of Study N/A																
TRAINING		No. Yrs. 0		No. Mos. 0		Type of Training N/A															
EXPERIENCE		Job Offered		Related Occupation		Related Occupation (specify) N/A															
		Yrs	Mos	Yrs	Mos																
		0	0	0	0																
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor Field Manager										17. Number of Employees Alien Will Supervise 0											
<div style="text-align: right;"> ENDORSEMENTS (Make no entry in section - for Government use only) </div> <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Date Forms Received</th> </tr> </thead> <tbody> <tr> <td>LO</td> <td>SO</td> </tr> <tr> <td>R.O.</td> <td>N.O.</td> </tr> <tr> <td>Ind Code</td> <td>Occ Code</td> </tr> <tr> <td colspan="2">Occ Title</td> </tr> </tbody> </table>												Date Forms Received		LO	SO	R.O.	N.O.	Ind Code	Occ Code	Occ Title	
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Replaces MA 7-50A B and C (Apr 1970 edition) which is obsolete

ETA 750 (Oct. 1979)

TRU00808

A1-10

OMB Approval No. 44-R1301

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Employment and Training AdministrationAPPLICATION
FOR
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PART A. OFFER OF EMPLOYMENT																			
1. Name of Alien (Family name in capital letter First Middle Maiden) (20) Unnamed H-2B Workers/Aliens																			
2. Present Address of Alien (Number, Street City and Town, State ZIP code or Province Country) N/A							3. Type of Visa (If in US) N/A												
The following information is submitted as an offer of employment.																			
4. Name of Employer (Full name of Organization) TruGreen ChemLawn (36-3734669)							5. Telephone 508-520-6717												
6. Address (Number, Street, City and Town, State ZIP code) 21 Forge Park Franklin, MA 02038																			
7. Address Where Alien Will Work (if different from item 6) Norfolk County																			
8. Nature of Employer's Business Activity Lawn Care		9. Name of Job Title Lawn care applicator		10. Total Hours Per Week a. Basic 40.00 b. Overtime 0		11. Work Schedule (Hourly) 7:00 a.m. 3:30 p.m.		12. Rate of Pay a. Basic \$ 11.05 per hour b. Overtime \$ 16.58 per hour											
13. Describe Fully the job to be Performed (Duties) Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, seeders, aerators. Entry level position.																			
14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.					15. Other Special Requirements none														
EDUCATION (Enter number of years)		Grade School 0		High School 0		College 0		College Degree Required (specify) N/A											
TRAINING		No. Yrs. 0		No. Mos. 0		Type of Training N/A													
EXPERIENCE		Job Offered		Related Occupation		Related Occupation (specify) N/A													
		Yrs. 0		Mos. 0															
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor Foreman					17. Number of Employees Alien Will Supervise 0														
<p>1. Qualified workers cannot be found in the United States</p> <p>2. Division of Foreign Labor Certification Policies have been observed</p> <p>3. This certification is valid from 03/01/2006 through 12/01/2006</p> <p>01/11/2006 (Date)</p> <p>[Signature] (Certifying Officer)</p>																			
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Date Forms Received																			
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ETA 750 (Oct 1979)

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Employment and Training AdministrationAPPLICATION
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1. Name of Alien (Family name in capital letter First Middle Maiden) (20) Unnamed H-2B Workers/Aliens																			
2. Present Address of Alien (Number Street, City and Town, State ZIP code or Province, Country) N/A								3. Type of Visa (If in U.S.) N/A											
The following information is submitted as an offer of employment.																			
4. Name of Employer (Full name of Organization) TruGreen ChemLawn (36-3734669)								5. Telephone 508-747-6925											
6. Address (Number, Street, City and Town, State ZIP code) 20 Raffaele Rd. Plymouth, MA 02360																			
7. Address Where Alien Will Work (if different from item 6) Barnstable County																			
8. Nature of Employer's Business Activity Lawn Care		9. Name of Job Title Lawn care applicator		10. Total Hours Per Week a. Basic 40 b. Overtime 0		11. Work Schedule 7:00 a.m. 3:30 p.m.		12. Rate of Pay a. Basic \$ 13.60 per hour b. Overtime \$ 20.40 per hour											
13. Describe Fully the job to be Performed (Duties) Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, seeders, aerators. Entry level position.																			
14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.					15. Other Special Requirements none														
EDUCATION (Enter number of years)		Grade School	High School	College	College Degree Required (specify) N/A Major Field of Study N/A														
TRAINING		No. Yrs. 0	No. Mos. 0	Type of Training N/A															
EXPERIENCE		Job Offered		Related Occupation		Related Occupation (specify) N/A													
		Yrs. 0	Mos. 0	Yrs. 0	Mos. 0														
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor Foreman								17. Number of Employees Alien Will Supervise 0											
<p>1. Qualified workers cannot be found in the United States</p> <p>2. Division of Foreign Labor Certification Policies have been observed.</p> <p>3. This certification is valid from 3/1/06 through 12/1/06</p> <p>2/1/06 (Date)</p> <p><i>[Signature]</i> (Certifying Officer)</p>																			
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Date Forms Received																			
L.O. 11-9-06	S.O.																		
R.O. 1-31-06	N.O.																		
Ind. Code	Occ. Code 373012																		
Occ. Title (20) Lawn care applicator																			

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TRU03724

ETA 750 (Oct 1979)

A1-12

U.S. DEPARTMENT OF LABOR
Employment and Training Administration

APPLICATION
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ALIEN EMPLOYMENT CERTIFICATION

OMB Approval No. 44-R1301

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PART A. OFFER OF EMPLOYMENT

1. Name of Alien (Family name in capital letter, First, Middle, Maiden)		3. Type of Visa (If in U.S.)
(8) Unnamed H-2B Workers/Aliens		N/A
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country)		
N/A		

The following information is submitted as an offer of employment.

4. Name of Employer (Full name of Organization)	5. Telephone
TruGreen ChemLawn (36-3734669)	732-938-7925
6. Address (Number, Street, City and Town, State ZIP code)	
5003 Industrial Rd. Farmingdale, NJ 07727	

7. Address Where Alien Will Work (If different from item 6)
Monmouth County

8. Nature of Employer's Business Activity	9. Name of Job Title	10. Total Hours Per Week		11. Work Schedule (Hourly) 7:00 a.m. 4:00 p.m.	12. Rate of Pay	
		a. Basic	b. Overtime		a. Basic	b. Overtime
lawn maintenance	lawn care applicator	40	0		\$ 12.95 per hour	\$ 19.43 per hour

13. Describe fully the job to be performed (Duties)
Apply fertilizers, pesticides, fungicides to lawns/landscapes using spreaders, seeders, sprayers.
Entry level position.

14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.

EDUCATION (Enter number of years)	Grade School	High School	College	College Degree Required (specify)
	0	0	0	
TRAINING	No. Yrs.	No. Mos.	Type of Training	
	0	0	N/A	
EXPERIENCE	Job Offered	Related Occupation	Related Occupation (specify)	
	Yrs. Mos.	Yrs. Mos.	N/A	

15. Other Special Requirements
None

16. Occupational Title of Person Who Will Be
Alien's Immediate Supervisor
foreman

17. Number of Employees
Alien Will Supervise
0

1. Qualified workers cannot be found in the United States

2. Department of Foreign Labor Certification has been observed

3. This certification is valid from 03/01/06 through 11/30/2006.
[Signature] [Signature]
(Date) (Certifying Official)

ENDORSEMENTS (Make no entry in section - for Government use only)

Date Forms Received	
L.O.	S. NOV 01 2005
R.O.	N.O.
Ind. Code	Occ. Code
Occ. Title	

408.161-010
Landscape Gardener

A1-13

TRU01059

U.S. DEPARTMENT OF LABOR
Employment and Training Administration

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PART A. OFFER OF EMPLOYMENT																					
1. Name of Alien (Family name in capital letter, First, Middle, Maiden) (20) Unnamed H-2B Workers/Aliens																					
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country) N/A										3. Type of Visa (If in U.S.) N/A											
The following information is submitted as an offer of employment.																					
4. Name of Employer (Full name of Organization) TruGreen ChemLawn (36-3734669)										5. Telephone 908-755-7675											
6. Address (Number, Street, City and Town, State ZIP code) 117 Corporate Blvd. South Plainfield, NJ 07080																					
7. Address Where Alien Will Work (if different from item 6) Union, Hunterdon, Middlesex, Somerset Counties M-F																					
8. Nature of Employer's Business Activity lawn maintenance		9. Name of Job Title Lawn care applicator		10. Total Hours Per Week a. Basic 40 b. Overtime 0		11. Work Schedule 7:00 (Hourly) a.m. 4:00 p.m.		12. Rate of Pay a. Basic \$ 13.65 per hour b. Overtime \$ 20.48 per hour													
13. Describe fully the job to be performed (Duties) Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, spreaders, seeders and aerators. Entry level position.																					
14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.										15. Other Special Requirements None											
EDUCATION (Enter number of years)		Grade School 0		High School 0		College 0		College Degree Required (specify) N/A Major Field of Study N/A													
TRAINING		No. Yrs. 0		No. Mos. 0		Type of Training N/A															
EXPERIENCE		Job Offered		Related Occupation		Related Occupation (specify) N/A															
		Number		Yrs		Mos															
		0		0		0															
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor foreman										17. Number of Employees Alien Will Supervise 0											
<p>1. Qualified workers cannot be found in the United States</p> <p>2. Division of Foreign Labor Certification Policies have been observed.</p> <p>3. This certification is valid from 03/01/2006 through 11/30/2006</p> <p>(Date) <u>03/01/2006</u> (Certifying Officer) <u>[Signature]</u></p>																					
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Occ. Title Pesticide Handler																					

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TRU03909

ETA 750 (Oct. 1979)

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The following information is submitted as an offer of employment.																			
4. Name of Employer (Full name of Organization) TruGreen ChemLawn (36-3734669)							5. Telephone 908-755-7675												
6. Address (Number, Street, City and Town, State ZIP code) 117 Corporate Blvd. South Plainfield, NJ 07080																			
7. Address Where Alien Will Work (if different from item 6) SAME M-F																			
8. Nature of Employer's Business Activity lawn maintenance		9. Name of Job Title Landscape Laborer		10. Total Hours Per Week a. Basic 40 b. Overtime 0		11. Work Schedule 7:00 a.m. to 4:00 p.m. (Hourly)		12. Rate of Pay a. Basic \$ 7.94 per hour b. Overtime \$ 11.91 per hour											
13. Describe fully the job to be performed (Duties) Mow, cut, water, and edge lawns; rake and blow leaves; dig holes for bushes; pull and chop weeds; prune; and haul topsoil and mulch.																			
14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.							15. Other Special Requirements None												
EDUCATION (Enter number of years)		Grade School 0	High School 0	College 0	College Degree Required (specify) N/A Major Field of Study N/A														
TRAINING		No. Yrs. 0	No. Mos. 0	Type of Training N/A															
EXPERIENCE		Job Offered Yrs. 0 Mos. 0		Related Occupation Yrs. 0 Mos. 0		Related Occupation (specify) N/A													
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor foreman							17. Number of Employees Alien Will Supervise 0												
<p>1. Qualified workers cannot be found in the United States.</p> <p>2. No other foreign Labor Certification Policies have been observed.</p> <p>3. This certification is valid from 01/01/2006 through 11/30/2006.</p> <p>01/01/2006 (Date)</p> <p><i>[Signature]</i> (Certifying Officer)</p>																			
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R.O.	N.O.																		
Ind. Code	Occ. Code 408.687-014																		
Occ. Title Laborer, Landscape																			

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TRU04622

A1-15

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The following information is submitted as an offer of employment.																			
4 Name of Employer (Full name of Organization) IruGreen ChemLawn (36-3734669)							5 Telephone 201-825-8833												
6 Address (Number, Street, City and Town, State ZIP code) 118 Rt. 17 N. Upper Saddle River, NJ 07458																			
7 Address Where Alien Will Work (if different from item 6) Bergen County																			
8 Nature of Employer's Business Activity lawn maintenance		9 Name of Job Title lawn care applicator		10 Total Hours Per Week a. Basic 40 b. Overtime 0		11 Work Schedule (Hourly) 7:00 a.m. 4:00 p.m.		12 Rate of Pay a. Basic \$ 11.43 per hour b. Overtime \$ 17.15 per hour											
13 Describe Fully the job to be Performed (Duties) Apply fertilizers, pesticides, fungicides to lawns/landscapes using spreaders, seeders, sprayers. Entry level position.																			
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EDUCATION (Enter number of years)		Grade School	High School	College	College Degree Required (specify)														
0		0	0	N/A															
TRAINING		No. Yrs.	No. Mos.	Type of Training															
0		0	N/A																
EXPERIENCE		Job Offered	Related Occupation		Related Occupation (specify)														
0		0	0		N/A														
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Date Forms Received																			
L.O.	NOV 01 2005																		
R.O.	N.O.																		
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Occ. Title <i>Franciscape Sandener</i>																			

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ETA 750 (Oct. 1979)

TRU04642

A1-16

"Certification approved by
the Certifying Officer"

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Employment and Training Administration

OMB Approval No. 44-R1301

APPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATIONIMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM
PRINT legibly in ink or use a typewriter. If you need more space to answer questions in this form, use a separate sheet. Identify each answer with the number of the corresponding question. SIGN AND DATE each sheet in original signature.

To knowingly furnish any false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by \$10,000 fine or 5 years in the penitentiary or both (18 U.S.C. 1001)

PART A. OFFER OF EMPLOYMENT

1. Name of Alien (Family name in capital letter, First, Middle, Maiden) (15) Unnamed H-2B Workers/Aliens		3. Type of Visa (If in U.S.) N/A
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country) N/A		

The following information is submitted as an offer of employment.

4. Name of Employer (Full name of Organization) TruGreen ChemLawn (36-3734669)	5. Telephone 973-252-0140
---	------------------------------

6. Address (Number, Street, City and Town, State ZIP code) 9 Middlebury Blvd. Randolph, NJ 07869
--

7. Address Where Alien Will Work (If different from item 6) Morris County
--

8. Nature of Employer's Business Activity lawn maintenance	9. Name of Job Title lawn care applicator	10. Total Hours Per Week	11. Work Schedule (Hourly) 7:00 a.m. 4:00 p.m.	12. Rate of Pay
		a. Basic 40		b. Overtime 0

13. Describe Fully the job to be Performed (Duties) Apply fertilizers, pesticides, fungicides to lawns/landscapes using spreaders, seeders, sprayers. Entry level position.

14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.	15. Other Special Requirements None
---	--

EDUCATION (Enter number of years)	Grade School	High School	College	College Degree Required (specify)
	0	0	0	N/A Major Field of Study N/A
TRAINING	No. Yrs.	No. Mos.	Type of Training	
	0	0	N/A	
EXPERIENCE	Job Offered	Related Occupation	Related Occupation (specify)	
	Yrs 0	Number Mos. 0	Yrs 0	Mos. 0 N/A

16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor foreman	17. Number of Employees Alien Will Supervise 0
--	---

1. Qualified workers cannot be found in the United States.
2. Division of Foreign Labor Certification Policies have been observed.
3. This certification is valid from 05/01/2006 through 11/30/2006

[Signature]
(Date)

[Signature]
(Certifying Officer)

ENDORSEMENTS (Make no entry in section - for Government use only)

Date Forms Received	
L.O.	S.O. NOV 01 2005
R.O.	N.O.
Ind. Code	Occ. Code 108.161-010
Occ. Title	Landscape Gardener

Certifying Officer

SENT BY: GREAT LAKES LABOR;

734 878 6852 ;

JAN 5 12:06;

PAGE 2/3

U.S. DEPARTMENT OF LABOR
Employment and Training AdministrationAPPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATION

OMB Approval # 1545-0047

IMPORTANT. READ CAREFULLY BEFORE COMPLETING THIS FORM
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PART A. OFFER OF EMPLOYMENT																					
1. Name of Alien (Family name in capital letter, First, Middle, Maiden)																					
(52) Unnamed H-2B Workers/Aliens																					
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country)								3. Type of Visa (If in U.S.)													
N/A								N/A													
The following information is submitted as an offer of employment:																					
4. Name of Employer (Full name of Organization)								5. Telephone													
TruGreen ChemLawn (36-3734669)								973-252-0140													
6. Address (Number, Street, City and Town, State ZIP code)																					
9 Middlebury Blvd. Randolph, NJ 07869																					
7. Address Where Alien Will Work (If different from item 6)																					
Morris, Bergen, Middlesex, Monmouth Counties																					
8. Nature of Employer's Business Activity			9. Name of Job Title			10. Total Hours Per Week		11. Work Schedule (Hourly)													
lawn maintenance			lawn care applicator			a. Basic 40		b. Overtime 0													
						7:00 a.m. 5:30 p.m.		12. Rate of Pay													
								a. Basic \$12.38 per hour													
								b. Overtime \$18.57 per hour													
13. Describe Fully the job to be Performed (Duties)																					
Apply fertilizers, pesticides, fungicides to lawns/landscapes using spreaders, seeders, sprayers Entry level position. <i>under close supervision: A.V. 11/17/04</i>																					
14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.																					
EDUCATION (Enter number of years)		Grade School	High School	College	College Degree Required (specify)																
0		0	0	N/A																	
					Major Field of Study																
					N/A																
TRAINING		No. Yrs.	No. Mos.	Type of Training																	
0		0	0	N/A																	
		Job Offered		Related Occupation		Related Occupation (specify)															
		N/A		N/A		N/A															
EXPERIENCE		Yrs.	Mos.	Yrs.	Mos.																
0		0	0	0	0																
15. Other Special Requirements																					
None																					
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor																					
Branch Manager Foreman																					
17. Number of Employees Alien Will Supervise																					
0																					
<p>Qualified workers cannot be found in the United States. Employment Service policies have been observed. This certification is valid from <u>11/17/04</u> through <u>11/17/04</u>.</p> <p><i>[Signature]</i> CERTIFYING OFFICER</p>																					
<p>ENDORSEMENTS (Make no entry in section - for Government use only)</p> <table border="1"> <thead> <tr> <th colspan="2">Date Forms Received</th> </tr> </thead> <tbody> <tr> <td>L.O.</td> <td>NOV 01 2004</td> </tr> <tr> <td>R.O.</td> <td>N.O.</td> </tr> <tr> <td>Ind. Code</td> <td>Dec. Code</td> </tr> <tr> <td>408</td> <td>684-014</td> </tr> <tr> <td>Occ. Title</td> <td>Sprayer, hand</td> </tr> </tbody> </table>										Date Forms Received		L.O.	NOV 01 2004	R.O.	N.O.	Ind. Code	Dec. Code	408	684-014	Occ. Title	Sprayer, hand
Date Forms Received																					
L.O.	NOV 01 2004																				
R.O.	N.O.																				
Ind. Code	Dec. Code																				
408	684-014																				
Occ. Title	Sprayer, hand																				

Replaces IMA 7-50A, B and C (Apr. 1970 edition) which is obsolete

ETA 750 (Oct. 1979)



Bringing seasonal labor to you. Pronto!

October 23, 2003

EO 901 818 904 45

**VIA U.S. EXPRESS MAIL
RETURN RECEIPT REQUESTED**

Alien Labor Certification Office
Attn: Temporary Certification
P.O. Box 053
Trenton, NJ 08625-0053

Re: TruGreen ChemLawn (Randolph)
(40) H-2B Beneficiaries
Form ETA 750, Part A - ORIGINAL SUBMISSION

Dear Sir or Madam:

Enclosed please find the following documents in connection with the "Application for Alien Employment Certification for H-2B Classification" being filed by TruGreen ChemLawn:

1. Original Form ETA 750, Part A, in duplicate; and,
2. Original letter in support of ETA 750 from employer, in duplicate.

We ask that you please process this matter in your usual fashion and forward recruitment instructions to us as soon as possible. If you should have any question or concerns, please feel free to contact the undersigned.

Sincerely,

GREAT LAKES LABOR, LLC

A handwritten signature in cursive script, appearing to read "Tracy R. Drus".

Tracy R. Drus
President

Enclosures

A1-19

U.S. DEPARTMENT OF LABOR
Employment and Training AdministrationAPPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATION

OMB Approval No. 44-R1301

IMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM

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PART A. OFFER OF EMPLOYMENT

1 Name of Alien (Family name in capital letter First, Middle, Maiden) (15) Unnamed H-2B Workers/Aliens																					
2 Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country) N/A										3 Type of Visa (if in U.S.) N/A											
The following information is submitted as an offer of employment.																					
4 Name of Employer (Full name of Organization) TruGreen ChemLawn (36-3734669)										5 Telephone 856 848-8444											
6 Address (Number, Street, City and Town, State ZIP code) 1250 Imperial Way Thorofare, NJ 08086																					
7 Address Where Alien Will Work (if different from item 6) Gloucester County																					
8 Nature of Employer's Business Activity lawn maintenance			9 Name of Job Title Lawn care applicator			10. Total Hours Per Week a. Basic 40 b. Overtime 0		11. Work Schedule 7:00 a.m. to 4:00 p.m.		12. Rate of Pay a. Basic \$ 11.36 per hour b. Overtime \$ 17.04 per hour											
13 Describe Fully the job to be Performed (Duties) Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, spreaders, seeders and aerators. Entry level position.																					
14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.										15. Other Special Requirements None											
EDUCATION (Enter number of years)		Grade School 0	High School 0	College 0	College Degree Required (specify) N/A		Major Field of Study N/A														
TRAINING		No. Yrs. 0		No. Mos. 0		Type of Training N/A															
EXPERIENCE		Job Offered		Related Occupation		Related Occupation (specify) N/A															
		Yrs. Mos.		Yrs. Mos.																	
		0 0		0 0																	
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor foreman										17. Number of Employees Alien Will Supervise 0											
<p>1 Qualified workers cannot be found in the United States</p> <p>2 Division of Foreign Labor Certification Policies have been observed</p> <p>3 This certification is valid from 12/10/06 through 11/30/2006</p> <p>(Date) <u>12/10/06</u> (Certifying Officer) <u>[Signature]</u></p>																					
<p>ENDORSEMENTS (Make no entry in section - for Government use only)</p> <table border="1"> <tr> <td colspan="2">Date Forms Received</td> </tr> <tr> <td>LO</td> <td>S.O.</td> </tr> <tr> <td>R.O.</td> <td>N.O.</td> </tr> <tr> <td>Ind. Code</td> <td>Occ. Code</td> </tr> <tr> <td>Occ. Title</td> <td></td> </tr> </table> <p>408 687-014</p> <p>Laborer, Landscape</p>												Date Forms Received		LO	S.O.	R.O.	N.O.	Ind. Code	Occ. Code	Occ. Title	
Date Forms Received																					
LO	S.O.																				
R.O.	N.O.																				
Ind. Code	Occ. Code																				
Occ. Title																					

Replaces MA 7-50A B and C (Apr. 1970 edition) which is obsolete

ETA 750 (Oct. 1979)

Corrections approved by
the Certifying Officer

U.S. DEPARTMENT OF LABOR
Employment and Training AdministrationAPPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATION

OMB Approval No. 44-R1301

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PART A. OFFER OF EMPLOYMENT																			
1. Name of Alien (Family name in capital letter, First Middle Maiden) (13) Unnamed H-2B Workers/Aliens																			
2. Present Address of Alien (Number Street, City and Town, State ZIP code or Province, Country) N/A							3. Type of Visa (If in U.S.) N/A												
The following information is submitted as an offer of employment.																			
4. Name of Employer (Full name of Organization) TruGreen ChemLawn (36-3734669)							5. Telephone 856-848-8444												
6. Address (Number, Street, City and Town, State ZIP code) 1250 Imperial Way Thorofare, NJ 08086																			
7. Address Where Alien Will Work (If different from item 6) Gloucester County Mon-Fri																			
8. Nature of Employer's Business Activity lawn maintenance		9. Name of Job Title Lawn care applicator		10. Total Hours Per Week a. Basic 40 b. Overtime 0		11. Work Schedule 7:00 a.m. to 5:00 p.m. (hourly)		12. Rate of Pay a. Basic \$11.05 per hour b. Overtime \$16.58 per hour											
13. Describe fully the job to be performed (Duties) Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, spreaders, seeders and aerators. Entry level position. <i>Under close supervision.</i>																			
14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.							15. Other Special Requirements None												
EDUCATION (Enter number of years)	Grade School 0	High School	College 0	College Degree Required (specify) N/A		<div style="border: 1px solid black; padding: 5px;"> <p>1. Qualified workers cannot be found in the United States.</p> <p>2. Employment Service policies have been observed.</p> <p>3. This certification is valid from 11/17/04 through 11/17/05</p> <p><i>[Signature]</i> (Date) CERTIFYING OFFICER</p> </div>													
TRAINING	No. Yrs. 0	No. Mos.0	Type of Training N/A																
EXPERIENCE	Job Offered		Related Occupation																
	Yrs. 0	Mos. 0	Yrs. 0	Mos. 0															
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor <i>Foreman</i>							17. Number of Employees Alien Will Supervise 0												
<div style="display: flex; justify-content: space-between;"> <div> <p>ENDORSEMENTS (Make no entry in section - for Government use only)</p> <table border="1"> <thead> <tr> <th colspan="2">Date Forms Received</th> </tr> </thead> <tbody> <tr> <td>L.O.</td> <td>S.O. NOV 01 2004</td> </tr> <tr> <td>R.O.</td> <td>N.O.</td> </tr> <tr> <td>Ind. Code</td> <td>Occ. Code 408.687-014</td> </tr> <tr> <td>Occ. Title</td> <td><i>Sprayer hand</i></td> </tr> </tbody> </table> </div> <div> <p>Replaces MA 7-50A, B and C (Apr. 1970 edition) which is obsolete</p> </div> </div>										Date Forms Received		L.O.	S.O. NOV 01 2004	R.O.	N.O.	Ind. Code	Occ. Code 408.687-014	Occ. Title	<i>Sprayer hand</i>
Date Forms Received																			
L.O.	S.O. NOV 01 2004																		
R.O.	N.O.																		
Ind. Code	Occ. Code 408.687-014																		
Occ. Title	<i>Sprayer hand</i>																		

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ETA 750 (Oct. 1979)

A1-21

TRU04630

2004110100014

U.S. DEPARTMENT OF LABOR
Employment and Training AdministrationAPPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATION

OMB Approval No. 44-R1301

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PART A. OFFER OF EMPLOYMENT																			
1. Name of Alien (Family name in capital letter First Middle Maiden) (12) Unnamed H-2B Workers/Aliens																			
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country) N/A							3. Type of Visa (if in US) N/A												
The following information is submitted as an offer of employment.																			
4. Name of Employer (Full name of Organization) TruGreen ChemLawn							5. Telephone 856-848-8444												
6. Address (Number, Street, City and Town, State ZIP code) 1250 Imperial Way Thorofare, NJ 08086																			
7. Address Where Alien Will Work (if different from item 6) Gloucester County																			
8. Nature of Employer's Business Activity lawn maintenance		9. Name of Job Title lawn care applicator		10. Total Hours Per Week a. Basic 40 b. Overtime 0		11. Work Schedule (Hourly) 7:00 a.m. 5:00 p.m.		12. Rate of Pay a. Basic \$ 10.00 per hour b. Overtime \$ 15.00 per hour											
13. Describe Fully the job to be Performed (Duties) Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, spreaders, seeders and aerators. Entry level position. <i>under close supervision. g.v. 11/17/04</i>																			
14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.					15. Other Special Requirements None														
EDUCATION (Enter number of years)		Grade School	High School	College	College Degree Required (specify) N/A Major Field of Study N/A														
TRAINING		No. Yrs	No. Mos.	Type of Training N/A															
EXPERIENCE		Job Offered	Related Occupation		Related Occupation (specify) N/A														
		Yrs.	Mos.	Yrs.	Mos.														
		0	0	0	0														
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor Branch Manager Foreman					17. Number of Employees Alien Will Supervise 0														
<div style="display: flex; justify-content: space-between;"> <div> <p>1. Qualified workers cannot be found in the United States.</p> <p>2. Employment Service policies have been observed.</p> <p>3. This certification is valid from 3/1/04 through 4/30/04</p> <p>1/14/04 <i>Robert R. DeLoach</i> CERTIFYING OFFICER</p> </div> <div> <p>ENDORSEMENTS (Make no entry in section - for Government use only)</p> <table border="1"> <thead> <tr> <th colspan="2">Date Forms Received</th> </tr> </thead> <tbody> <tr> <td>L.O.</td> <td>S.O. NOV 05 2003</td> </tr> <tr> <td>R.O.</td> <td>N.O.</td> </tr> <tr> <td>Ind. Code</td> <td>Occ. Code 408684010</td> </tr> <tr> <td colspan="2">Occ. Title Lawn Service Worker</td> </tr> </tbody> </table> </div> </div>										Date Forms Received		L.O.	S.O. NOV 05 2003	R.O.	N.O.	Ind. Code	Occ. Code 408684010	Occ. Title Lawn Service Worker	
Date Forms Received																			
L.O.	S.O. NOV 05 2003																		
R.O.	N.O.																		
Ind. Code	Occ. Code 408684010																		
Occ. Title Lawn Service Worker																			

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ETA 750 (Oct. 1979)

U.S. DEPARTMENT OF LABOR
Employment and Training Administration

OMB Approval No. 44-R1301

APPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATION

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PART A. OFFER OF EMPLOYMENT																			
1 Name of Alien (Family name in capital letter. First, Middle, Maiden) (20) Unnamed H-2B Workers/Aliens																			
2 Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country) N/A								3 Type of Visa (If in U.S.) N/A											
The following information is submitted as an offer of employment.																			
4 Name of Employer (Full name of Organization) TruGreen ChemLawn (36-3734669)								5 Telephone 631-924-7200											
6 Address (Number, Street, City and Town, State ZIP code) 5 Todd Court Yaphank, NY 11980																			
7 Address Where Alien Will Work (If different from item 6) Suffolk County																			
8 Nature of Employer's Business Activity lawn maintenance		9 Name of Job Title Lawn care applicator		10. Total Hours Per Week a. Basic 40 b. Overtime 0		11. Work Schedule (Hourly) 7:00 a.m. 4:00 p.m.		12. Rate of Pay a. Basic \$ 15 11 per hour b. Overtime \$ 22.67 per hour											
13. Describe Fully the job to be Performed (Duties) Apply pesticides, herbicides, fungicides to lawns using sprayers, seeders, spreaders, aerators. Entry level position.																			
14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.					15. Other Special Requirements NONE														
EDUCATION (Enter number of years)		Grade School 0		High School 0		College 0		College Degree Required (specify) N/A											
TRAINING		No. Yrs. 0		No. Mos. 0		Type of Training N/A		Major Field of Study N/A											
EXPERIENCE		Job Offered Yrs. 0		Related Occupation Yrs. 0		Related Occupation (specify) N/A		Number Mos. 0											
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor Foreman					17. Number of Employees Alien Will Supervise 0														
<p>1 Qualified workers cannot be found in the United States 2 Division of Foreign Labor Certification Policies have been observed 3 This certification is valid from 11/5/06 through 11/4/09</p> <p>(Date) (Certifying Office)</p> <p>A1-23</p>																			
<p>ENDORSEMENTS (Make no entry in section - for Government use only)</p> <table border="1"> <thead> <tr> <th colspan="2">Date Forms Received</th> </tr> </thead> <tbody> <tr> <td>L.O.</td> <td>S.O. NOV 01 2005</td> </tr> <tr> <td>R.O.</td> <td>N.O.</td> </tr> <tr> <td>Ind. Code 0282</td> <td>Occ. Code 408684010</td> </tr> <tr> <td colspan="2">Occ. Title Lawn Service workers</td> </tr> </tbody> </table>										Date Forms Received		L.O.	S.O. NOV 01 2005	R.O.	N.O.	Ind. Code 0282	Occ. Code 408684010	Occ. Title Lawn Service workers	
Date Forms Received																			
L.O.	S.O. NOV 01 2005																		
R.O.	N.O.																		
Ind. Code 0282	Occ. Code 408684010																		
Occ. Title Lawn Service workers																			

Replaces MA 7-50A, B and C (Apr. 1970 edition) which is obsolete.

TRU03639

ETA 750 (Oct 1979)

U.S. DEPARTMENT OF LABOR
Employment and Training AdministrationAPPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATION

OMB Approval No. 44-R1301

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PART A. OFFER OF EMPLOYMENT																			
1. Name of Alien (Family name in capital letter, First, Middle, Maiden) (32) Unnamed H-2B Workers/Aliens																			
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country) N/A							3. Type of Visa (If in U.S.) N/A												
The following information is submitted as an offer of employment.																			
4. Name of Employer (Full name of Organization) TruGreen ChemLawn (36-3734669)							5. Telephone 215-441-0775												
6. Address (Number, Street, City and Town, State ZIP code) 200 Ivyland Rd. Warminster, PA 18974																			
7. Address Where Alien Will Work (if different from item 6) Bucks, Chester, Lehigh Counties																			
8. Nature of Employer's Business Activity lawn maintenance		9. Name of Job Title Lawn care applicator		10. Total Hours Per Week a. Basic 40 b. Overtime 0		11. Work Schedule (Hourly) 7:00 a.m. 4:00 p.m.		12. Rate of Pay a. Basic \$11.36 per hour b. Overtime \$17.04 per hour											
13. Describe fully the job to be performed (Duties) Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, seeders, spreaders, aerators. Entry level position.																			
14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.					15. Other Special Requirements None														
EDUCATION (Enter number of years)		Grade School 0		High School 0		College 0		College Degree Required (specify) N/A Major Field of Study N/A											
TRAINING		No. Yrs. 0		No. Mos. 0		Type of Training N/A													
EXPERIENCE		Job Offered		Related Occupation		Related Occupation (specify) N/A													
		Yrs. 0		Mos. 0															
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor Field Manager					17. Number of Employees Alien Will Supervise 0														
<p>1. Qualified workers cannot be found in the United States.</p> <p>2. Division of Foreign Labor Certification Policies have been observed.</p> <p>3. This certification is valid from 03/01/06 through 11/30/2006.</p> <p>11/11/2006 (Date)</p> <p><i>[Signature]</i> (Certifying Officer)</p>																			
<p>ENDORSEMENTS (Make no entry in section - for Government use only)</p> <table border="1"> <thead> <tr> <th colspan="2">Date Forms Received</th> </tr> </thead> <tbody> <tr> <td>L.O. 11/08/05</td> <td>S.O. 11/08/05</td> </tr> <tr> <td>R.O. 11-28-05</td> <td>N.O.</td> </tr> <tr> <td>Ind Code</td> <td>Occ. Code 37-3012</td> </tr> <tr> <td colspan="2">Occ. Title PESTICIDE HANDLERS</td> </tr> </tbody> </table>										Date Forms Received		L.O. 11/08/05	S.O. 11/08/05	R.O. 11-28-05	N.O.	Ind Code	Occ. Code 37-3012	Occ. Title PESTICIDE HANDLERS	
Date Forms Received																			
L.O. 11/08/05	S.O. 11/08/05																		
R.O. 11-28-05	N.O.																		
Ind Code	Occ. Code 37-3012																		
Occ. Title PESTICIDE HANDLERS																			

Replaces MA 7-50A, B and C (Apr. 1970 edition) which is obsolete.

ETA 750 (Oct. 1979)

U.S. DEPARTMENT OF LABOR
Employment and Training Administration

APPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATION

OMB Approval No. 44-R1301

IMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM
PRINT legibly in ink or use a typewriter. If you need more space to answer questions in this form, use a separate sheet. Identify each answer with the number of the corresponding question. SIGN AND DATE each sheet in original signature.

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PART A. OFFER OF EMPLOYMENT

1. Name of Alien (Family name in capital letter, First, Middle, Maiden)

(24) Unnamed H-2B Workers/Aliens

2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country)

N/A

3. Type of Visa (If in U.S.)

N/A

The following information is submitted as an offer of employment.

4. Name of Employer (Full name of Organization)

IruGreen ChemLawn (36-3734669)

5. Telephone

215-441-0775

6. Address (Number, Street, City and Town, State ZIP code)

200 Ivyland Rd.
Warminster, PA 19380

7. Address Where Alien Will Work (if different from item 6)

Bucks, Chester, Lehigh Counties

M-F

8. Nature of Employer's Business Activity

lawn maintenance

9. Name of Job Title

Lawn care
applicator

10. Total Hours Per Week

a. Basic

40

b. Overtime

0

11. Work Schedule (Hourly)

7:00 a.m.

4:00 p.m.

12. Rate of Pay

a. Basic

\$11.05

per hour

b. Overtime

\$16.58

per hour

13. Describe fully the job to be performed (Duties)

Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, seeders, spreaders, aerators. Entry level position.

14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.

EDUCATION (Enter number of years)	Grade School	High School	College	College Degree Required (specify)
0	0	0	N/A	Major Field of Study N/A

TRAINING	No. Yrs.	No. Mos.	Type of Training
0	0	0	N/A

EXPERIENCE	Job Offered				Related Occupation (specify)
	Yrs.	Mos.	Yrs.	Mos.	
0	0	0	0	0	N/A

15. Other Special Requirements

None

16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor

Field Manager

17. Number of Employees Alien Will Supervise

0

1. QUALIFIED WORKERS CANNOT BE FOUND IN THE UNITED STATES

2. EMPLOYMENT SERVICE POLICIES HAVE BEEN OBSERVED

3. THIS CERTIFICATION IS VALID FROM 3/1/05 THROUGH 11/30/05

ENDORSEMENTS (Make no entry in Section - for Government use only)

Date Forms Received

S.O.

R.O.

N.O.

Ind. Code

Occ. Code

Occ. Title

SPRAYER HAND

CERTIFYING OFFICER

D.O.L. REGION 2

03413024

DEC 15 2004

(DATE)

U.S. DEPARTMENT OF LABOR
Employment and Training AdministrationAPPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATION

OMB Approval No. 44-R1301

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PART A. OFFER OF EMPLOYMENT

1. Name of Alien (Family name in capital letter First Middle Maiden)		ALC
(35) Unnamed H-2B Workers/Aliens		
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country)		3. Type of Visa (If in U.S.)
N/A		N/A

The following information is submitted as an offer of employment.

4. Name of Employer (Full name of Organization)	5. Telephone
TruGreen ChemLawn	215-441-0775

6. Address (Number, Street, City and Town, State ZIP code)
200 Ivyland Rd. Warminster, PA 18974

7. Address Where Alien Will Work (If different from item 6)
Bucks, Chester, Lehigh Counties

8. Nature of Employer's Business Activity	9. Name of Job Title	10. Total Hours Per Week	11. Work Schedule	12. Rate of Pay
lawn maintenance	Lawn care applicator	a. Basic	b. Overtime	a. Basic
		40	0	\$ 9.50
			7:00 a.m. 4:00 p.m.	b. Overtime per hour \$ 14.25 per hour

13. Describe Fully the job to be Performed (Duties)
Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, seeders, spreaders, aerators Entry level position.

14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.							
EDUCATION (Enter number of years)	Grade School	High School	College	College Degree Required (specify)			
0	0	0	N/A				
				Major Field of Study			
				N/A			
TRAINING	No. Yrs.	No. Mos.	Type of Training				
0	0	0	N/A				
EXPERIENCE	Job Offered		Related Occupation		Related Occupation (specify)		
	Yrs	Mos	Yrs	Mos	N/A		
0	0	0	0				

15. Other Special Requirements

None

16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor

Field Manager

17. Number of Employees Alien Will Supervise

0

1. QUALIFIED WORKERS CANNOT BE FOUND IN THE UNITED STATES

2. EMPLOYMENT SERVICE POLICIES HAVE BEEN OBSERVED

3. THIS CERTIFICATION IS VALID FROM 3/01/04 THROUGH 11/30/04

JAN 06 2004

(DATE)

CERTIFYING OFFICER

DOL REGION III

ENDORSEMENTS (Make no entry in section - for Government use only)

Date Forms Received	
L.O.	S.O.
10-30-03	
R.O.	N.O.
12/18/03	
Ind. Code	Occ. Code
	409687014
Occ. Title	
LABORER, LANDSCAPE	

Replaces MA 7-50A B and C (Apr. 1970 edition) which is obsolete

ETA 750 (Oct. 1979)

18. COMPLETE ITEMS ONLY IF JOB IS TEMPORARY				19. IF JOB IS UNIONIZED (Complete)				
a. No. of Openings To Be Filled By Aliens Under Job Offer	b. Exact Dates You Expect To Employ Alien		a. Number of Local	b. Name of Local				
	From	To		c. City and State				
	24	3/1/2005 11/30/2005						
20. STATEMENT FOR LIVE-AT-WORK JOB OFFERS (Complete for Private Household ONLY)								
a. Description of Residence		b. No. Persons residing at Place of Employment		c. Will free board and private room not shared with anyone be provided? (X" one) <input type="checkbox"/> YES <input type="checkbox"/> NO				
("X" one) <input type="checkbox"/> House <input type="checkbox"/> Apartment	Number of Rooms	Adults	Children				Ages	
			BOYS					
			GIRLS					
21. DESCRIBE EFFORTS TO RECRUIT U.S. WORKERS AND THE RESULTS (Specify Sources of Recruitment by Name) - Newspaper/Classified Ads - Employee Referrals These efforts have all been unsuccessful in recruiting U.S. workers.								
22. Applications require various types of documentation. Please read Part II of the instructions to assure that appropriate supporting documentation is included with your application.								
23. EMPLOYER CERTIFICATIONS								
By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment.								
a. I have enough funds available to pay the wage or salary offered the alien.								
b. The wage offered equals or exceeds the prevailing wage and I guarantee that, if a labor certification is granted, the wage paid to the alien when the alien begins work will equal or exceed the prevailing wage which is applicable at the time the alien begins work.								
c. The wage offered is not based on commissions, bonuses, or other incentives, unless I guarantee a wage paid on a weekly, bi-weekly, or monthly basis.								
d. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.								
e. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.								
f. The job opportunity is not:								
(1) Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage.								
(2) At issue in a labor dispute involving a work stoppage.								
g. The job opportunity's terms, conditions and occupational environment are not contrary to Federal, State or local law.								
h. The job opportunity has been and is clearly open to any qualified U.S. worker.								
24. DECLARATIONS								
DECLARATION OF EMPLOYER Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct.								
SIGNATURE					DATE			
					10/22/2004			
NAME (Type or Print) James A. Vacchiano				TITLE Region People Services Manager				
AUTHORIZATION OF AGENT OF EMPLOYER I HEREBY DESIGNATE the agent below to represent me for the purposes of labor certification and I TAKE FULL RESPONSIBILITY for accuracy of any representations made by my agent.								
SIGNATURE OF EMPLOYER					DATE			
					10/22/2004			
NAME OF AGENT (Type or Print) Great Lakes Labor				ADDRESS OF AGENT (Number, Street, City, State, ZIP code) PO Box 646 Pinckney, MI 48169				

U.S. DEPARTMENT OF LABOR
Employment and Training Administration

APPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATION

OMB Approval No. 44-R1301

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PART A. OFFER OF EMPLOYMENT																													
1. Name of Alien (Family name in capital letter, First, Middle, Maiden) J) Unnamed H-2B Workers/Aliens																													
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country) N/A										3. Type of Visa (If in U.S.) N/A																			
The following information is submitted as an offer of employment.																													
4. Name of Employer (Full name of Organization) TruGreen ChemLawn (36-3734669)										5. Telephone 804-745-4884																			
6. Address (Number, Street, City and Town, State ZIP code) 6722 Atmore Dr. Richmond, VA 23225																													
7. Address Where Alien Will Work (if different from item 6) same																													
8. Nature of Employer's Business Activity lawn care		9. Name of Job Title Lawn care applicator		10. Total Hours Per Week a. Basic 40 b. Overtime 0		11. Work Schedule (Hourly) 7:00 a.m. 4:00 p.m.		12. Rate of Pay a. Basic \$ 8.97 per hour b. Overtime \$ 13.46 per hour																					
13. Describe Fully the job to be Performed (Duties) Apply pesticides, herbicides, fungicides, or insecticides to lawns using spreaders, seeders aerators Entry level position.																													
14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.										15. Other Special Requirements None																			
EDUCATION (Enter number of years)		Grade School 0	High School 0	College 0	College Degree Required (specify) N/A		Major Field of Study N/A																						
TRAINING		No. Yrs. 0	No. Mos. 0	Type of Training N/A																									
EXPERIENCE		Job Offered Yrs. Mos. 0 0		Related Occupation Yrs. Mos. 0 0		Related Occupation (specify) N/A																							
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor Operations Manager										17. Number of Employees Alien Will Supervise 0																			
<p>Qualified workers cannot be found in the United States</p> <p>2 Division of Foreign Labor Certification Policies have been observed.</p> <p>Certification is valid from 12/16/2005 through 12/10/2006</p> <p>(Date) <u>12/16/2005</u> <u>[Signature]</u> (Certifying Officer)</p>																													
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Date Forms Received																													
L.O.	S.O.																												
OCT 28 2005																													
R.O.	N.O.																												
11-29-05																													
Ind. Code	Occ. Code																												
0782	08687014																												
Occ. Title																													
Landscape laborer																													

Replaces MA 7-50A, B and C (Apr 1970 edition) which is obsolete.

A1-28

TRU04327

ETX 750 (Oct. 1979)

U.S. DEPARTMENT OF LABOR
Employment and Training Administration

OMB Approval No. 44-R1301

APPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATIONIMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM
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PART A. OFFER OF EMPLOYMENT

1. Name of Alien (Family name in capital letter First Middle Maiden) (35) Unnamed H-2B Workers/Aliens		3. Type of Visa (If in U.S.) N/A
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country) N/A		

The following information is submitted as an offer of employment.

4. Name of Employer (Full name of Organization) TruGreen ChemLawn (36-3734669)	5. Telephone 703-478-3225
---	------------------------------

6. Address (Number, Street, City and Town, State ZIP code) 106 Executive Dr. Sterling, VA 20166

7. Address Where Alien Will Work (if different from item 6) Loudoun and Fairfax Counties	M-F
---	-----

8. Nature of Employer's Business Activity lawn maintenance	9. Name of Job Title Lawn care applicator	10. Total Hours Per Week		11. Work Schedule (Hourly) 7:00 a.m. 4:00 p.m.	12. Rate of Pay	
		a. Basic 40	b. Overtime 0		a. Basic \$ 10.50 per hour	b. Overtime \$ 15.75 per hour

13. Describe Fully the job to be Performed (Duties)
Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, seeders, spreaders, aerators. Entry level position.

14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.					15. Other Special Requirements None				
EDUCATION (Enter number of years)	Grade School 0	High School 0	College 0	College Degree Required (specify) N/A					
				Major Field of Study N/A					
TRAINING	No. Yrs. 0		No. Mos. 0		Type of Training N/A				
					Related Occupation (specify) N/A				
EXPERIENCE	Job Offered		Related Occupation						
	Yrs. 0	Mos. 0	Yrs. 0	Mos. 0					

16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor Field Service Manager	17. Number of Employees Alien Will Supervise 0
--	---

*Qualified workers cannot be found in the United States
2 Division of Foreign Labor Certification Policies
have been observed

This certification is valid from 10/31/2005 through 11/30/2005

10/31/2005
(Date)

[Signature]
(Certifying Officer)

A1-29

ENDORSEMENTS (Make no entry in section - for Government use only)

Date Forms Received	
L.O. OCT 31 2005	S.O.
R.O. 11-22-05	N.O.
Ind. Code 10732	Occ. Code 408687014
Occ. Title Landscape Laborer	

18. COMPLETE ITEMS ONLY IF JOB IS TEMPORARY				19. IF JOB IS UNIONIZED (Complete)			
a. No. of Openings To Be Filled By Aliens Under Job Offer		b. Exact Dates You Expect To Employ Alien		a. Number of Local		b. Name of Local	
35		From 3/1/2006 To 11/30/2006				City and State	
20. STATEMENT FOR LIVE-AT-WORK JOB OFFERS (Complete for Private Household ONLY)							
a. Description of Residence		b. No. Persons residing at Place of Employment			c. Will free board and private room not shared with any one be provided? ("X" one)		
("X" one) <input type="checkbox"/> House <input type="checkbox"/> Apartment		Number of Rooms		Adults	Children	Agas	
				BOYS			
				GIRLS			
21. DESCRIBE EFFORTS TO RECRUIT U.S. WORKERS AND THE RESULTS. (Specify Sources of Recruitment by Name)							
- Newspaper/Classified Ads - Employee Referrals These efforts have all been unsuccessful in recruiting U.S. workers.							
22. Applications require various types of documentation. Please read Part II of the instructions to assure that appropriate supporting documentation is included with your application.							
23. EMPLOYER CERTIFICATIONS							
By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment							
a. I have enough funds available to pay the wage or salary offered the alien.				e. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.			
b. The wage offered equals or exceeds the prevailing wage and I guarantee that, if a labor certification is granted, the wage paid to the alien when the alien begins work will equal or exceed the prevailing wage which is applicable at the time the alien begins work.				f. The job opportunity is not:			
c. The wage offered is not based on commissions, bonuses, or other incentives, unless I guarantee a wage paid on a weekly, bi-weekly or monthly basis.				(1) Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage.			
d. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.				(2) At issue in a labor dispute involving a work stoppage.			
				g. The job opportunity's terms, conditions and occupational environment are not contrary to Federal State or local law.			
				h. The job opportunity has been and is clearly open to any qualified U.S. worker.			
24. DECLARATIONS							
DECLARATION OF EMPLOYER		Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct.					
SIGNATURE						DATE	
James A. Vacchiano						10/25/2005	
NAME (Type or Print)				TITLE			
James A. Vacchiano				Region People Services Manager			
AUTHORIZATION OF AGENT OF EMPLOYER		I HEREBY DESIGNATE the agent below to represent me for the purposes of labor certification and I TAKE FULL RESPONSIBILITY for accuracy of any representations made by my agent.					
SIGNATURE OF EMPLOYER						DATE	
James A. Vacchiano						10/25/2005	
NAME OF AGENT (Type or Print)				ADDRESS OF AGENT (Number Street City State ZIP code)			
Great Lakes Labor				PO Box 646 Pinckney, MI 48169			

Virginia State Court Commission
 Alien Certification Unit Dept-2
 6015 Old Dominion Avenue
 Suite 100
 Alexandria, VA 22312

U.S. DEPARTMENT OF LABOR
 Employment and Training Administration

APPLICATION
 FOR
 ALIEN EMPLOYMENT CERTIFICATION

OMB Approval No. 44-R1301

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PART A. OFFER OF EMPLOYMENT

1. Name of Alien (Family name in capital letter First, Middle, Maiden) (25) Unnamed H-2B Workers/Aliens		3. Type of Visa (If in US) N/A
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country) N/A		

The following information is submitted as an offer of employment.

4. Name of Employer (Full name of Organization) TruGreen ChemLawn (36-3734669)	5. Telephone 703-478-3225
---	------------------------------

6. Address (Number, Street, City and Town, State ZIP code)

106 Executive Dr.
 Sterling, VA 20166

7. Address Where Alien Will Work (If different from item 6)

Loudoun and Fairfax Counties

M-F

8. Nature of Employer's Business Activity lawn maintenance	9. Name of Job Title Lawn care applicator	10. Total Hours Per Week		11. Work Schedule (Hourly) 7:00 a.m. 5:00 p.m.	12. Rate of Pay	
		a. Basic 40	b. Overtime 0		a. Basic \$ 10.00 per hour	b. Overtime \$ 15.00 per hour

13. Describe Fully the job to be Performed (Duties)

Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, seeders, spreaders, aerators. Entry level position.

14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.

EDUCATION (Enter number of years)	Grade School 0	High School 0	College 0	College Degree Required (specify) N/A
				Major Field of Study N/A
TRAINING	No. Yrs. 0	No. Mos. 0	Type of Training N/A	
	Job Offered		Related Occupation (specify) N/A	
EXPERIENCE	Number			
	Yrs. 0	Mos. 0	Yrs. 0	Mos. 0

15. Other Special Requirements

None

16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor

Field Service Manager

17. Number of Employees Alien Will Supervise
0

1. QUALIFIED WORKERS CANNOT BE FOUND IN THE UNITED STATES

2. EMPLOYMENT SERVICE POLICIES HAVE BEEN OBSERVED

3. THIS CERTIFICATION IS VALID FROM 3/1/05 THROUGH 11/30/05

DEC 06 2004 Stephen W. Stefanko
 (DATE)

CERTIFYING OFFICER
 D.C. REGIONAL

ENDORSEMENTS (Make no entry in section - for Government use only)

Date Forms Received	
L.O. NOV 01 2004	S.O.
R.O. 11/26/04	N.O.
Ind. Code 7389	Occ. Code 408.637-014
Occ. Title Lawn Care Applicator	

18. COMPLETE ITEMS ONLY IF JOB IS TEMPORARY				19. IF JOB IS UNIONIZED (Complete)			
a. No. of Openings To Be Filled By Aliens Under Job Offer	b. Exact Dates You Expect To Employ Alien		a. Number of Local	b. Name of Local			
	From	To		c. City and State			
	25	3/1/2005					11/30/2005
20. STATEMENT FOR LIVE-AT-WORK JOB OFFERS (Complete for Private Household ONLY)							
a. Description of Residence		b. No. Persons residing at Place of Employment			c. Will free board and private room not shared with anyone be provided? ("X" one)		
("X" one) <input type="checkbox"/> House <input type="checkbox"/> Apartment	Number of Rooms	Adults		Children	<input type="checkbox"/> YES <input type="checkbox"/> NO		
		BOYS		Ages			
		GIRLS					
21. DESCRIBE EFFORTS TO RECRUIT U.S. WORKERS AND THE RESULTS (Specify Sources of Recruitment by Name)							
- Newspaper/Classified Ads - Employee Referrals These efforts have all been unsuccessful in recruiting U.S. workers.							
22. Applications require various types of documentation. Please read Part II of the instructions to assure that appropriate supporting documentation is included with your application.							
23. EMPLOYER CERTIFICATIONS							
By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment.							
a. I have enough funds available to pay the wage or salary offered the alien.			e. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.				
b. The wage offered equals or exceeds the prevailing wage and I guarantee that, if a labor certification is granted, the wage paid to the alien when the alien begins work will equal or exceed the prevailing wage which is applicable at the time the alien begins work.			f. The job opportunity is not:				
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d. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.			(2) At issue in a labor dispute involving a work stoppage.				
			g. The job opportunity's terms, conditions and occupational environment are not contrary to Federal, State or local law.				
			h. The job opportunity has been and is clearly open to any qualified U.S. worker.				
24. DECLARATIONS							
DECLARATION OF EMPLOYER		Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct.					
SIGNATURE					DATE		
<i>James A. Vacchiano</i>					10/25/2004		
NAME (Type or Print)				TITLE			
James A. Vacchiano				Region People Services Manager			
AUTHORIZATION OF AGENT OF EMPLOYER		I HEREBY DESIGNATE the agent below to represent me for the purposes of labor certification and I TAKE FULL RESPONSIBILITY for accuracy of any representations made by my agent.					
SIGNATURE OF EMPLOYER					DATE		
<i>James A. Vacchiano</i>					10/25/2004		
NAME OF AGENT (Type or Print)				ADDRESS OF AGENT (Number Street, City, State, ZIP code)			
Great Lakes Labor				PO Box 646 Pinckney, MI 48169			

U.S. DEPARTMENT OF LABOR
Employment and Training Administration

OMB Approval No. 44-R1301

APPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATIONIMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM
PRINT legibly in ink or use a typewriter. If you need more space to answer questions in this form, use a separate sheet. Identify each answer with the number of the corresponding question. SIGN AND DATE each sheet in original signature.

To knowingly furnish any false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by \$10,000 fine or 5 years in the penitentiary or both (18 U.S.C. 1001)

PART A. OFFER OF EMPLOYMENT

1. Name of Alien (Family name in capital letter, First, Middle, Maiden)		3. Type of Visa (If in US)
4) Unnamed H-2B Workers/Aliens		N/A
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country)		
N/A		

The following information is submitted as an offer of employment.

4. Name of Employer (Full name of Organization)	5. Telephone
TruGreen ChemLawn	703-478-3225

6. Address (Number, Street, City and Town, State ZIP code)
106 Executive Dr. Sterling, VA 20166

7. Address Where Alien Will Work (if different from item 6)
Loudoun and Fairfax Counties

8. Nature of Employer's Business Activity	9. Name of Job Title	10. Total Hours Per Week	11. Work Schedule (Hourly)	12. Rate of Pay
lawn maintenance	Lawn care applicator	a. Basic 40	b. Overtime 0	a. Basic \$ 10.00 per hour b. Overtime \$ 15.00 per hour

13. Describe Fully the job to be Performed (Duties)
Apply pesticides, herbicides, fungicides, or insecticides to lawns using sprayers, seeders, spreaders, aerators. Entry level position.

14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.

EDUCATION (Enter number of years)	Grade School	High School	College	College Degree Required (specify)
0	0	0	0	N/A
TRAINING	No. Yrs.	No. Mos.	Type of Training	
0	0	0	N/A	
EXPERIENCE	Job Offered	Related Occupation	Related Occupation (specify)	
0	0	0	N/A	

15. Other Special Requirements

None

16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor

Field Service Manager

17. Number of Employees Alien Will Supervise

0

1. QUALIFIED WORKERS CANNOT BE FOUND IN THE UNITED STATES
 2. EMPLOYMENT SERVICE POLICIES HAVE BEEN OBSERVED
 3. THIS CERTIFICATION IS VALID FROM 3/1/04 THROUGH 11/30/04

JAN 05 2004
(DATE)CERTIFYING OFFICE
D.O.L. REGION 2

03400692

ENDORSEMENTS (Make no entry in section - for Government use only)	
Date Forms Received	
NO.	
NO.	
Occ. Code	
Occ. Title	

14-1-5-2004

18. COMPLETE ITEMS ONLY IF JOB IS TEMPORARY				19. IF JOB IS UNIONIZED (Complete)			
a. No. of Openings To Be Filled By Aliens Under Job Offer 14		b. Exact Dates You Expect To Employ Alien From 3/1/2004 To 11/30/2004		a. Number of Local		b. Name of Local	
						c. City and State	
20. STATEMENT FOR LIVE-AT-WORK JOB OFFERS (Complete for Private Household ONLY)							
a. Description of Residence			b. No. Persons residing at Place of Employment			c. Will free board and private room not shared with any one be provided? ("X" one)	
("X" one) <input type="checkbox"/> House <input type="checkbox"/> Apartment			Adults BOYS GIRLS			<input type="checkbox"/> YES <input type="checkbox"/> NO	
21. DESCRIBE EFFORTS TO RECRUIT U.S. WORKERS AND THE RESULTS (Specify Sources of Recruitment by Name)							
- Newspaper/Classified Ads - Employee Referrals These efforts have all been unsuccessful in recruiting U.S. workers.							
22. Applications require various types of documentation. Please read Part II of the instructions to assure that appropriate supporting documentation is included with your application.							
23. EMPLOYER CERTIFICATIONS							
By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment.							
a. I have enough funds available to pay the wage or salary offered the alien. b. The wage offered equals or exceeds the prevailing wage and I guarantee that, if a labor certification is granted, the wage paid to the alien when the alien begins work will equal or exceed the prevailing wage which is applicable at the time the alien begins work. c. The wage offered is not based on commissions, bonuses, or other incentives, unless I guarantee a wage paid on a weekly, bi-weekly or monthly basis. d. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.				e. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship. f. The job opportunity is not: (1) Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage. (2) At issue in a labor dispute involving a work stoppage. g. The job opportunity's terms, conditions and occupational environment are not contrary to Federal, State or local law. h. The job opportunity has been and is clearly open to any qualified U.S. worker.			
24. DECLARATIONS							
DECLARATION OF EMPLOYER		Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct.					
SIGNATURE <i>James A. Vacchiano</i>						DATE 10/30/2003	
NAME (Type or Print) James A. Vacchiano						TITLE Region People Services Manager	
AUTHORIZATION OF AGENT OF EMPLOYER		I HEREBY DESIGNATE the agent below to represent me for the purposes of labor certification and I TAKE FULL RESPONSIBILITY for accuracy of any representations made by my agent.					
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